

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550217

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		1		1		
5		1		1		
6		2		2		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1	1			
12		2	1			
13		2	1			
14		2	1			
15		2	1			
16		2	1			
17		1				
18	1					
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TOTAL IND.	2	↓	7	↓		↓
TOTAL DEP.	28	←	10	←		←
TOTAL CLAIMS	30		17			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						